

OFFICE OF INTERNATIONAL PROGRAMS AND SERVICES Student Union Building I, Room 4300 4400 University Drive, MS 4C3, Fairfax, VA 22030

Phone: 703 993-2970; Email: oips@gmu.edu; Web: oips.gmu.edu

J-1 STUDENT ACADEMIC TRAINING APPLICATION Student completes this section: (First Name) (Last Name) Actual or Estimated Date of Defense for Doctoral students: Current Level of Study at GMU: Undergraduate Degree Student _____ Master's Degree _____ Doctoral Degree _____ Nondegree _____ Have you participated in Academic Training before either at GMU or another institution? No L Yes Please list dates of any previous Academic Training (provide copy of DS-2019 form if through a different sponsor than GMU): List the most relevant completed GMU courses that are directly related to this Academic Training. Include course numbers and course titles. Doctoral students may describe their relevant research: How is the Academic Training relevant to these classes/research and your field of study on your DS-2019 form? Attach an additional document if a more detailed description is needed. By signing below, I confirm that I am requesting academic training authorization and all the information I have provided is complete and accurate to the best of my knowledge. 1) I agree to maintain legal J-1 status in the United States. This includes, but is not limited to, adhering to the J-1 requirements for full-time enrollment, applying for extensions of my DS-2019 before the deadline, updating phone number and off-campus address, reporting any serious health and wellbeing issues as required and maintaining the required health insurance for myself and any J-2 dependents. I will report to OIPS any changes in my AT location, duties, or supervisor. I agree to work with my supervisor to submit the required AT evaluation(s). I agree to not start AT under any circumstances until the OIPS Responsible Officer provides a written authorization letter. I understand that working without authorization is a serious violation of legal status in the United States. Signature: _____ Date: _____ For CHINA 1+2+1 Students only: GMU CHINA 1+2+1 Advisor Name: _____ Signature: _____

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